

215047745
70272

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 111	Agency Case No. B5-107393	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 1805		STATE USE ONLY 11/18/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1807	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 14th St / HWY 2		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION	IF NOT AT INTERSECTION				
1	NAME OF INTERSECTING ROADWAY HWY 2		FEET MILES N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
10	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
V2/M	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b					
01	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	G02081351		STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N	DRIVER GAY L DIEGEL		PHONE 402-417-3818		LOCAL NO.	
2	DRIVER ADDRESS CITY, STATE, ZIP 2521 N 9th St #101, LINCOLN, NE 68521		DATE OF BIRTH (MM / DD / YYYY) 05/03/1955		LOCAL NO.	
V2/N	OWNER GAY L DIEGEL		PHONE 402-417-3818		LOCAL NO.	
2	OWNER ADDRESS CITY, STATE, ZIP 2521 N 9th St #101, Lincoln, NE 68521		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CITATION NO. LB491942	
G	LICENSE PLATE PA NO.	TLZ578		YEAR (Plate Expires) 2016	STATE (Of Plate) NE	
H	VEHICLE	YEAR 2003	MAKE Chevrolet	MODEL Trailblazer	BODY STYLE Medium/large	COLOR red
V1/O	VEHICLE ID NO. (VIN) 1GNDT13S932178114		INSURANCE COMPANY Unknown		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 1000	
2	TOWED TO		TOWED BY		POLICY NO. Unknown	
V2/O	VEHICLE NO. 2					
4	DRIVER LICENSE NO.	G02148746		STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
I	DRIVER WESLEY A STEBBINS		PHONE 402-730-7296		LOCAL NO.	
1	DRIVER ADDRESS CITY, STATE, ZIP 1610 RIDGEWAY RD, LINCOLN, NE 68506		DATE OF BIRTH (MM / DD / YYYY) 10/03/1956		LOCAL NO.	
V1/P	OWNER WESLEY A STEBBINS		PHONE 402-730-7296		LOCAL NO.	
6	OWNER ADDRESS CITY, STATE, ZIP 1610 RIDGEWAY ROAD, LINCOLN, NE 68506		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> NO		CITATION NO.	
V2/P	LICENSE PLATE PA NO.	SNL854		YEAR (Plate Expires) 2016	STATE (Of Plate) NE	
4	VEHICLE	YEAR 2004	MAKE Honda	MODEL Civic	BODY STYLE 4 door Sedan	COLOR black
V1/Q	VEHICLE ID NO. (VIN) 2HGES16584H621014		INSURANCE COMPANY American Family Mutual Insurance		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 3500	
4	TOWED TO		TOWED BY		POLICY NO. 217253310450FPPANE	
V2/Q	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)					
K	VEH. # NAME ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject
02	LOCAL NO. MEDICAL FACILITY NAME		EMS SERVICE NAME		3 Body Region	4 Injury Sev.
	VEH. # NAME ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		5 Trans.	SEX M F
	LOCAL NO. MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	
	VEH. # NAME ADDRESS		DATE OF BIRTH (MM / DD / YYYY)		EMS RUN REPORT NO.	
	LOCAL NO. MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.	

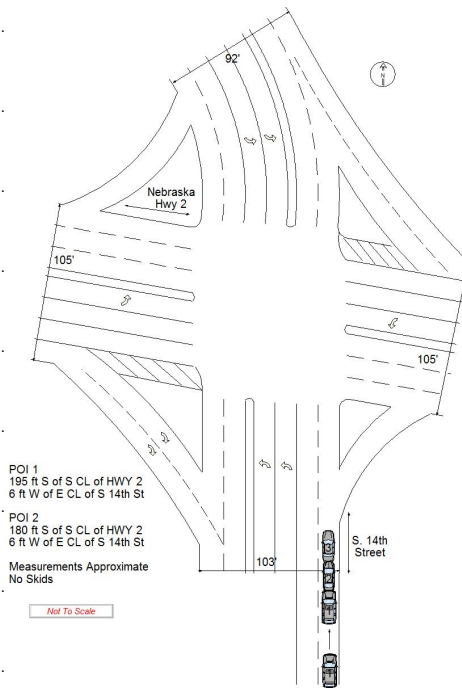
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107393



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver one left the scene prior to Law Enforcement arrival, but later admitted to being in the accident. Driver two stated he was stopped at a red light, traveling NB on S 14th St just South of the HWY 2 intersection. He stated a vehicle collided with the rear of his vehicle, which caused the front of his vehicle to collide with the rear of driver three's vehicle. Driver three gave the same description of the incident as driver two.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian	
1	X				S 14th St				POINT OF IMPACT 01		POINT OF IMPACT 05		4		2			
2	X				S 14th St				POINT OF IMPACT 01		POINT OF IMPACT 05		4		2			
1	01	06 Turning left				MOST DAMAGED AREA 01		MOST DAMAGED AREA 01		1 Deployed - front		1 None used - vehicle occupant		Y		X	Y	Y
2	11	08 Entering traffic lane				00 None		02 03 04		2 Deployed - side		2 Lap & shoulder belt used		N		N	X	N
01 Essentially straight ahead					09 Top & windows		01 05		3 Deployed - both front/side		3 Shoulder belt only used		ALCOHOL LEVEL TESTED		.053			
02 Backing					10 Undercarriage		08 07 06		4 Not deployed		4 Lap belt only used		ALCOHOL/DRUGS SUSPECTED		Driver No. 1 4		Driver No. 2 1	
03 Changing lanes					11 Total (all areas)				5 Not applicable/ No airbag available		5 Child safety seat used		1 Neither alcohol nor drugs suspected					
04 Overtaking/ Passing					12 Other				6 Unknown		6 Child booster seat used		2 Yes - alcohol suspected					
05 Turning right					13 Unknown						7 DOT approved helmet used		3 Yes - drugs suspected					
											8 Costume helmet used		4 Yes - alcohol & drugs suspected					
											9 Restraint use unknown		5 Unknown					

OFFICER NO. 1736	TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Christopher Johnson		INVESTIGATOR SIGNATURE Approved by Christopher Johnson	DATE OF REPORT 11/18/2015

215047745
70272

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./
District 111

Agency
Case No. B5-107393

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S 14th St / HWY 2

VEH. #	VEHICLE NO. 3										VEH. #
3	DRIVER LICENSE NO. G01249003		STATE (Of License) NE		SEX <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE		3				
M	DRIVER HOWARD C PARKER					PHONE 402-890-4276		LOCAL NO.			1.
N	DRIVER ADDRESS 3773 A ST, LINCOLN, NE 68510					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY) 09/07/1962		18	
O	OWNER HOWARD C PARKER					PHONE 402-890-4276		LOCAL NO.			2.
P	OWNER ADDRESS 3773 A St, Lincoln, NE 68510					CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		3.	
Q	LICENSE PLATE PA NO. 226AD		YEAR 2015		MAKE Honda		MODEL Crosstour		BODY STYLE Compact Utility		4.
4	VEHICLE		YEAR 2015		MAKE Honda		MODEL Crosstour		BODY STYLE Compact Utility		5.
	VEHICLE ID NO. (VIN) 5J6TF2H52FL003040		YEAR		MAKE		MODEL		BODY STYLE		18
	TOWED TO		TOWED BY		INSURANCE COMPANY State Farm		POLICY NO. 0320149E2327K				45

VEH. #	VEHICLE NO. 4										VEH. #
4	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> MALE <input type="radio"/> FEMALE		4				
M	DRIVER					PHONE		LOCAL NO.			1.
N	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		2.	
O	OWNER					PHONE		LOCAL NO.			3.
P	OWNER ADDRESS					CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING		4.	
Q	LICENSE PLATE NO.		YEAR		MAKE		MODEL		BODY STYLE		5.
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		18
	VEHICLE ID NO. (VIN)		YEAR		MAKE		MODEL		BODY STYLE		45
	TOWED TO		TOWED BY		INSURANCE COMPANY		POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 1 VEH 4				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 3				VEHICLE 4				ALCOHOL TESTING			
3	X				S 14th St				POINT OF IMPACT 05				POINT OF IMPACT				ALCOHOL LEVEL TESTED			
4									MOST DAMAGED AREA 05				MOST DAMAGED AREA				BAC LEVEL			
3	11				06 Turning left				02 03 04				1 None used - vehicle occupant				Driver No. 3 1 Driver No. 4			
4					07 Making U-turn				01 05				2 Lap & shoulder belt used				ALCOHOL/ DRUGS SUSPECTED			
					08 Entering traffic lane				08 07 06				3 Shoulder belt only used				1 Neither alcohol nor drugs suspected			
					09 Leaving traffic lane								4 Lap belt only used				2 Yes - alcohol suspected			
					10 Parked								5 Child safety seat used				3 Yes - drugs suspected			
					11 Slowing or stopped in traffic								6 DOT approved helmet used				4 Yes - alcohol & drugs suspected			
					12 Other								7 Costume helmet used				5 Unknown			
					13 Unknown								8 Restraint use unknown							

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1 2 3 4 5 SEX M F			
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME ADDRESS					LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					EMS RUN REPORT NO.				

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-107393

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1736		TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Christopher Johnson			INVESTIGATOR SIGNATURE Approved by Christopher Johnson		DATE OF REPORT 11/18/2015